

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Q</i>	<i>10/1/11</i>	<i>8/2/10</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>8/3/10</i>
FORMALITY REVIEW	<i>A</i>	<i>75353</i>	<i>10/3/10</i>
RESPONSE FORMALITY REVIEW			<i>4/10/11</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4-10-4-0
2	✓	✓	4-5-0
3	✓	✓	3-12-0
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
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Claim	Final	Original	Date
51	✓	✓	
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99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
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106	✓	✓	
107	✓	✓	
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146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions  
staple additional sheet here

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